



Development Applications and Technical Services

Centers for Medicare & Medicaid Services

Electronic Submission of Medical Documentation (esMD)

HH Technical Release Changes for July 2020 Release – Final

Version 1.0

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1. Introduction

This Technical Release Changes document provides the interface and technical release changes that have been identified for:

1. The Electronic Submission of Medical Documentation (esMD) Change Requests (CR) that will be developed in the July 2020 release.

esMD Release AR2020.07.0 consists of application changes (esMD CRs 31434, 31436, 31635, 31640, 31654, 31659 and MicroStrategy Reports).

The following documents must be used in conjunction with the Release Summary:

1. Centers for Medicare & Medicaid Services (CMS) *Health Information Handler (HIH) Implementation Guide*.

The audience of this document are implementers, such as architects and developers, responsible for the exchange of supporting/attachment information among healthcare providers, HIHs, and their business associates, such as CMS.

2. Purpose

This document outlines the functional/technical aspects of the following functionalities that will be deployed in the July 2020 release:

1. Provides the high-level structure of possible request/responses/acknowledgments sent to HIHs from esMD.
2. Details of message exchange facilitating the eMDR process:
 - a. Updated Data content and format:
 - i. eMDR Pre-Pay and Post-Pay data elements
 - ii. HOPD Program
 - iii. Recon reports

This document does not address installation and configuration details of the actual implementation.

3. Assumptions

The esMD system complies with industry standards defined by various standards committees. Hence, it is extremely important that esMD participants adhere to the norms with the following assumptions:

1. Medicare providers shall have active signed agreements with their respective HIHs to exchange the electronic transactions via esMD (including Review Contractor (RC) outbound transactions with Protected Health Information (PHI));
2. All transactions use industry-accepted standards, where available, and must have appropriate security to ensure data is transmitted with integrity, confidentiality, and reliability, and with authentication of both the sender and receiver;
3. In general, the HIHs using a CONNECT Gateway must upgrade to CONNECT v4.0 (or higher); earlier versions of CONNECT are not compatible with CONNECT v4.4, i.e., being used by CMS. HIHs may use any CONNECT-compatible software if the esMD requirements are met, e.g., the software must send receipt acknowledgments as required

- by esMD and described in the *esMD HII Implementation Guide*. For those HIIHs submitting X12 transactions, a CONNECT-compatible X12 Gateway must be used;
4. All transactions initiated by HIIHs will comply with the Transport Layer Security (TLS) v1.2 security standard;
 5. All transmissions will adhere to the eHealth Exchange, formerly the Nationwide Health Information Network (NwHIN) standard; and
 6. Communications between the CMS esMD system and Medicare RCs will be asynchronous.

4. eMDR Pre-Pay Request

The following changes will be developed in the July 2020 release:

1. 'Analysis Factor' and 'Document Codes' data elements are changed to 'required' fields.
2. The Date field 'Date(s) of Service' is changed as required under the 'Claim Header section'.
3. Document code is required field and each document code is 24 characters in length. Length of the 'Document Codes' element is 480 that can accommodate (up to) 20 codes.
4. Data formats are updated for Telephone, Telephone EXT, Faxnumber, TypeofBill fields.

eMDR Pre-Pay Schema depicting the updated XSD for the eMDR Pre-Pay request file:



emdr-prepay.xsd

Table 1: eMDR (Pre-Pay) Request Data shows the request data for eMDR Pre-Pay with the updated formats.

NOTE: The data elements in Bold reflect the changes for this release.

Table 1: eMDR (Pre-Pay) Request Data

Element	Child Element	Type	Usage R - Required S - Situational O - Optional	Comments
EMDRRequest	eMDRType	string(10)	R	EMDRRequest is a root element. The eMDRType can be PRE-PAY.
uniqueLetterId	NONE	String(40)	R	Example: MCSB01
letterDate	NONE	date	R	Format – YYYY-MM-DD Example: 2019-01-25
respondTo	organizationName	string(60)	R	N/A
respondTo	addressLine1	string(55)	R	N/A
respondTo	addressLine2	string(55)	O	N/A
respondTo	city	string(30)	R	N/A

Element	Child Element	Type	Usage R - Required S - Situational O - Optional	Comments
respondTo	state	string(2)	R	N/A
respondTo	zipCode	numeric(9)	R	Example: 21244 or 212441234
respondTo	telephone	String(10)	O	Changed from number to string Example: 4024024022
respondTo	telephoneExt	String(5)	O	Changed from number to string Example: 4022
respondTo	faxNumber	String(10)	R	Changed from number to string Example: 4024024022
senderDetails	organizationName	string(60)	R	The sender details and child element will only be present if the MAC who is sending the eMDR is different from the RC to whom the ADR Response must be sent by the Provider.
senderDetails	addressLine1	string(55)	O	N/A
senderDetails	addressLine2	string(55)	O	N/A
senderDetails	city	string(30)	O	N/A
senderDetails	state	string(2)	O	N/A
senderDetails	zipCode	numeric(9)	O	Example: 21244 or 212441234
senderDetails	telephone	String(10)	O	Changed from number to string Example: 4024024022
senderDetails	telephoneExt	string(5)	O	Changed from number to string Example: 4022
providerDetails	firstName	string(35)	O	N/A
providerDetails	middleName	string(25)	O	N/A
providerDetails	OrganizationOrlastName	string(60)	R	N/A
providerDetails	addressLine1	string(55)	R	N/A
providerDetails	addressLine2	string(55)	O	N/A
providerDetails	city	string(30)	R	N/A
providerDetails	state	string(2)	R	N/A
providerDetails	zipCode	numeric(9)	R	N/A
providerDetails	providerNumberOrPTAN	string(13)	O	N/A
providerDetails	npi	numeric(10)	R	N/A
providerDetails	faxNumber	string(10)	O	N/A
letterDetails	respondBy	date	R	YYYY-MM-DD

Element	Child Element	Type	Usage R - Required S - Situational O - Optional	Comments
letterDetails	jurisdiction	string(5)	R	Jurisdiction of MAC Example: JD, JL
letterDetails	programName	string(10)	R	Example: Part A, Part B, DME, HHH
claimDetails	claimId	string(23)	R	Format: 1. 13 numeric characters in length; 2. 14 numeric characters in length; 3. 15 numeric characters in length; or 4. 17-23 variable characters in length (can include letters, numbers, dashes and spaces).
claimDetails	patientControlNumber	string(25)	O	N/A
claimDetails	beneficiaryId	string(12)	R	N/A
claimDetails	beneficiaryFirstName	string(35)	O	N/A
claimDetails	beneficiaryMiddleName	string(25)	O	N/A
claimDetails	beneficiaryLastName	string(60)	R	N/A
claimDetails	typeOfBill	String(3)	R	Example: 32 Changed from number to string
claimDetails	serviceDateOrDateRange	N/A	R	The serviceDateOrDateRange contains choice element, i.e., serviceDate and serviceDateRange. In any given situation, either of these two elements will be present.
serviceDateOrDateRange	serviceDate	date	R	Format: YYYY-MM-DD
serviceDateOrDateRange	serviceDateRange	N/A	O	N/A
serviceDateRange	startDate	date	O	Format: YYYY-MM-DD
serviceDateRange	endDate	date	O	Format: YYYY-MM-DD
documentRequestedList	documentRequestBlock	N/A	R	documentRequestBlock (0...*) repeating times.
documentRequestBlock	analysisFactor	string(5)	R	Can contain procedure code with/without modifiers or reason code
documentRequestBlock	serviceDateOrDateRange	N/A	O	The serviceDateOrDateRange contains choice element, i.e., serviceDate and serviceDateRange. In any given situation, either of these two elements will be present.
serviceDateOrDateRange	serviceDate	date	O	Format: YYYY-MM-DD
serviceDateOrDateRange	serviceDateRange	N/A	O	N/A
serviceDateRange	startDate	date	O	Format: YYYY-MM-DD
serviceDateRange	endDate	date	O	Format: YYYY-MM-DD

Element	Child Element	Type	Usage R - Required S - Situational O - Optional	Comments
documentRequestBlock	documentCodes	string(480)	R	Can be populated with more than one Document Code, each separated by a comma, up to a maximum of 20 documentCodes. Example: (321051321032 312053123456654321 123456789012345678)

Sample Pre-Pay XML depicting the updated data formats:



pre-pay.xml

5. eMDR Post-Pay Request

The following changes will be developed in the July 2020 release:

1. 'Analysis Factor' and 'Document Codes' data elements are changed to 'required' fields.
2. The Date field 'Date(s) of Service' is changed as required under the 'Claim Header section'.
3. Document code is required field and each document code is 24 characters in length. Length of the 'Document Codes' element is 480 that can accommodate (up to) 20 codes.
4. Data formats are updated for Telephone, Telephone EXT, Faxnumber, TypeofBill fields.

eMDR Post-Pay Schema depicting the updated XSD for the eMDR Post-Pay request file:



emdr-postpay.xsd

Table 2: eMDR (Post-Pay) Request Data provides details of the eMDR request from the RCs/DCs to the HIH via esMD.

NOTE: The data elements in Bold reflect the changes for this release.

Table 2: eMDR (Post-Pay) Request Data

Element	Child Element	Type	Usage R - Required S - Situational O - Optional	Comments
EMDRRequest	eMDRType	string(8)	R	EMDRRequest is a root element. The eMDRType can be POST-PAY.
uniqueLetterId	NONE	String(40)	R	Example: MCSB01
letterDate	NONE	Date	R	Format: YYYY-MM-DD Example: 2019-01-25
respondTo	organizationName	string(60)	R	N/A
respondTo	addressLine1	string(55)	R	N/A
respondTo	addressLine2	string(55)	O	N/A
respondTo	city	string(30)	R	N/A
respondTo	state	string(2)	R	N/A
respondTo	zipCode	numeric(9)	R	Example: 21244 or 212441234
respondTo	telephone	String(10)	O	Changed from number to string
respondTo	telephoneExt	String(5)	O	Changed from number to string
respondTo	faxNumber	String(10)	R	Changed from number to string
senderDetails	organizationName	string(60)	R	The sender details and its child element will be present only if the RC sending the eMDR is different from the RC to whom the ADR Response must be sent by the Provider.
senderDetails	addressLine1	string(55)	O	N/A
senderDetails	addressLine2	string(55)	O	N/A
senderDetails	city	string(30)	O	N/A
senderDetails	state	string(2)	O	N/A
senderDetails	zipCode	numeric(9)	O	Example: 21244 or 212441234
senderDetails	telephone	String(10)	O	Changed from number to string
senderDetails	telephoneExt	String(5)	O	Changed from number to string
providerDetails	firstName	string(35)	O	N/A
providerDetails	middleName	string(25)	O	N/A
providerDetails	OrganizationOrlastName	string(60)	R	N/A
providerDetails	addressLine1	string(55)	R	N/A
providerDetails	addressLine2	string(55)	O	N/A
providerDetails	city	string(30)	R	N/A
providerDetails	state	string(2)	R	N/A
providerDetails	zipCode	numeric(9)	R	N/A

Element	Child Element	Type	Usage R - Required S - Situational O - Optional	Comments
providerDetails	providerNumberOrPTAN	string(13)	O	N/A
providerDetails	npi	numeric(10)	R	N/A
providerDetails	faxNumber	string(10)	O	N/A
letterDetails	respondBy	Date	R	YYYY-MM-DD
letterDetails	jurisdiction	string(40)	R	Examples: QIO Area 1 RAC Region 1 UPIC Mid-Western
letterDetails	programName	string(10)	R	Example: Part A, Part B, DME, HHH
reviewLevelRecordList	reviewLevel	NA	R	reviewLevel (1...*) repeating times.
reviewLevel	analysisRecordList	N/A	R	N/A
analysisRecordList	analysisRecord	N/A	R	analysisRecord (1...100) repeating times.
analysisRecord	analysisID	string(40)	R	Can contain special Characters ('Hyphen') Example: Reference #, Issue #, or Project ID
analysisRecord	analysisFactorList	N/A	O	N/A
analysisFactorList	analysisFactor	string(30)	O	analysisFactor (0...25) repeating times. Example: 100001 800001
analysisRecord	documentCodeList	N/A	R	N/A
documentCodeList	documentCode	string(24)	R	documentCode (0...100) repeating times. Updated to Required from Optional Example: 000001800001700003900001
analysisRecord	enquiryTextList	N/A	O	N/A
enquiryTextList	enquiryText	String(4000)	O	enquiryText(0...4) repeating times.
analysisRecord	claimLevelItem	N/A	O	N/A
claimLevelItem	claimSetLevel	N/A	O	claimSetLevel(0...*) repeating times.
claimSetLevel	caseID	string(35)	O	claimSetLevel (0...*) repeating times.
claimSetLevel	claimDetails	N/A	R	claimDetails (1...*) repeating times.
claimDetails	claimID	string(23)	R	N/A
claimDetails	medicalRecordNumber	string(25)	O	N/A
claimDetails	beneficiaryID	string(12)	R	N/A
claimDetails	beneficiaryFirstName	string(35)	O	N/A
claimDetails	beneficiaryMiddleName	string(25)	O	N/A
claimDetails	beneficiaryLastName	string(60)	R	N/A
claimDetails	typeOfBill	String(3)	O	Changed from number to string

Element	Child Element	Type	Usage R - Required S - Situational O - Optional	Comments
claimDetails	procedureCodeAndModifiers	string(13)	O	Can contain procedure code with/without modifiers
claimDetails	startDateOfService	Date	O	startDateOfService Format: YYYY-MM-DD
claimDetails	endDateOfService	Date	O	endDateOfService Format: YYYY-MM-DD

Sample eMDR Post- Pay XML file based on the updated data formats:



postpay.xml

6. Hospital Outpatient Department (HOPD) PA program

Currently esMD supports Home Health Pre-Claim Reviews (HH-PCR) with more than one item/service listed per request/response. Similar to HH-PCR (multiple services) program, another PA program, Hospital Outpatient Department (HOPD) based services is being implemented in the XDR format only.

Below are the steps needed for the new PA program:

1. esMD will act as a channel to receive the PA requests from provider/HHs and to respond back to the provider with decision.
2. PA request may contain a single service or more than one service.
3. For single or multiple service-based PA request in XDR format, esMD does not have provision to receive procedure codes in metadata, hence a new Content Type Code is validated to identify the correct PA program.
4. A new content type code (8.5) is needed for XDR HOPD PA Request.
5. esMD will store and perform regular/current set of validations for XDR PA Request.
6. esMD will send XDR HOPD PA request and associated supporting documentation to RC.
7. For XDR PA Decision Responses, esMD will receive information via Share Systems responses, for both Single/Multiple services-based PA requests.
8. Per current design, after successful validation of PA response, message is constructed and sent back to the sender of the PA request (HH/Provider).

Sample File with content type code (8.5):



SoapRequest_85.xml

7. Reconciliation Report

This section describes the changes that are planned for Recon reports.

- Legacy Transaction ID column on the report will be removed.
- Audit event/exception description will be displayed for all the statuses on the report.
- eMDR transactions are set to “Complete” status only after esMD receives the Provider Delivery Notification from HIH otherwise the transaction status is set to “Awaiting Response”
- HIH delivery failures will no longer impact the status of transactions and the status of the transaction will be marked “Complete” after esMD attempts to deliver to HIH.
- When the PA Responses could not be delivered to the HIH or fails validations, transaction requests are still to be considered as complete.

See Figure 1: Recon Report for the sample layout of the report.

Figure 1: Recon Report

esMD Reconciliation Report - Report Execution Time 4/3/2020 1:52:53 PM																			
Report Period: (Submission Timestamp) Between 4/2/2020 12:00:00 AM and 4/3/2020 12:00:00 AM																			
Report Period: (Submission Update Timestamp) Between 4/2/2020 12:00:00 AM and 4/3/2020 12:00:00 AM																			
Health Information Handler(s): All																			
Review Contractor(s): All																			
Transaction ID	Parent Transaction ID	Sender	Sender Type	Recipient	Recipient Type	Unique Letter ID	Submission Date	Content Type	CTC Description	Transaction Type	Claim ID	Case ID	NP	Unique ID	Transaction Status	Recipient Pickup Status	Recipient Pickup Time	Recipient/PA Response Time	Number of Documents
840000000001	NA	esMD	PCG	NA	NA	NA	4/2/2020 12:00:00 PM	15	esMD	esMD	NA	NA	NA	esMD	Complete	NA	NA	NA	1
SOME VALIDATION FAILED FOR THE TRANSACTION. THE TRANSACTION IS IN THE ABANDONED STATE.																			
840000000002	NA	esMD	PCG	NA	NA	NA	4/2/2020 12:00:00 PM	15	esMD	esMD	NA	NA	NA	esMD	Complete	NA	NA	NA	1
SOME VALIDATION FAILED FOR THE TRANSACTION. THE TRANSACTION IS IN THE ABANDONED STATE.																			
840000000003	NA	esMD	PCG	NA	NA	NA	4/2/2020 12:00:00 PM	15	esMD	esMD	NA	NA	NA	esMD	Complete	NA	NA	NA	1
SOME VALIDATION FAILED FOR THE TRANSACTION. THE TRANSACTION IS IN THE ABANDONED STATE.																			
840000000004	NA	esMD	PCG	NA	NA	NA	4/2/2020 12:00:00 PM	15	esMD	esMD	NA	NA	NA	esMD	Complete	NA	NA	NA	1
SOME VALIDATION FAILED FOR THE TRANSACTION. THE TRANSACTION IS IN THE ABANDONED STATE.																			
840000000005	NA	esMD	PCG	NA	NA	NA	4/2/2020 12:00:00 PM	15	esMD	esMD	NA	NA	NA	esMD	Complete	NA	NA	NA	1
SOME VALIDATION FAILED FOR THE TRANSACTION. THE TRANSACTION IS IN THE ABANDONED STATE.																			
840000000006	NA	esMD	PCG	NA	NA	NA	4/2/2020 12:00:00 PM	15	esMD	esMD	NA	NA	NA	esMD	Complete	NA	NA	NA	1
SOME VALIDATION FAILED FOR THE TRANSACTION. THE TRANSACTION IS IN THE ABANDONED STATE.																			
840000000007	NA	esMD	PCG	NA	NA	NA	4/2/2020 12:00:00 PM	15	esMD	esMD	NA	NA	NA	esMD	Complete	NA	NA	NA	1
SOME VALIDATION FAILED FOR THE TRANSACTION. THE TRANSACTION IS IN THE ABANDONED STATE.																			
840000000008	NA	esMD	PCG	NA	NA	NA	4/2/2020 12:00:00 PM	15	esMD	esMD	NA	NA	NA	esMD	Complete	NA	NA	NA	1
SOME VALIDATION FAILED FOR THE TRANSACTION. THE TRANSACTION IS IN THE ABANDONED STATE.																			

Reconciliation Report - Report Execution Time 3/5/2020 1:53:37 PM																			
[Submission Timestamp] > 2/27/2020 12:00:00 AM																			
[Submission Update Timestamp] Between 3/4/2020 12:00:00 AM and 3/5/2020 12:00:00 AM																			
Health Information Handler(s): All																			
Review Contractor(s): All																			

Appendix A: Record of Changes

Table 3: Record of Changes

Version Number	Date	Author/Owner	Description of Change
1.0	04/14/2020	Prashanth Jagga	Initial Delivery for AR2020.07.0 Release

Appendix B: Acronyms

Table 4: Acronyms

Acronym	Literal Translation
CMS	Centers for Medicare & Medicaid Services
CR	Change Request
eMDR	Electronic Medical Documentation Request
esMD	Electronic Submission of Medical Documentation
HIH	Health Information Handler
HOPD	Hospital Outpatient Department Services
MAC	Medicare Administrative Contractor
NPI	National Provider Identifier
NwHIN	Nationwide Health Information Network
PDF	Portable Document Format
RC	Review Contractor
TRC	Technical Release Changes
XDR	Cross-Enterprise Document Reliable Interchange
XML	Extensible Markup Language
XSD	XML Schema Definition

Appendix C: Referenced Documents

Table 5: Referenced Documents

Document Name	Document Location and/or URL	Issuance Date
HIH Implementation Guide	TBD	TBD